

CALIFORNIA CHILD AND FAMILY SERVICES REVIEW

VENTURA COUNTY SYSTEM IMPROVEMENT PLAN

Prepared by the

Ventura County Human Services Agency

Department of Children and Family Services

Submitted to the California Department of Human Services

Children and Family Services Division

September 30, 2004

I. Narrative

A. Local Planning Bodies

The System Improvement Plan (SIP) is the component in the California Child and Family Services Review (C-CFSR) process that describes how a county plans to accomplish change in its child welfare system (California Assembly Bill 636, Steinberg, 2001). Planning for Ventura County's SIP builds on the previous work of the county Self-Assessment (SA) Team which was charged with task of identifying specific areas for system improvement. The local Children's Services System Oversight Committee formed the core of the SA Team which included representatives from the County Human Services Agency (HSA) Department of Children and Family Services (DCFS), County Probation Agency, Public Health Department, Behavioral Health Department, Alcohol and Drug Programs, Superintendent of Schools Office, Foster Parent Association, and private nonprofit providers of various services for children and families (the process for completing the Self-Assessment is described briefly in the following section). As the self-assessment was completed, members of the SA Team were polled regarding the composition of the SIP Team and a core group of volunteers was identified to oversee development of the SIP. This group included representatives from the following agencies.

- Ventura County Department of Children and Family Services
- Ventura County Probation Agency
- Ventura County Alcohol and Drug Programs
- Ventura County Behavioral Health Department
- Ventura County Superintendent of Schools Office
- Aspira Foster Family Agency
- Casa Pacifica
- Interface Children Family Services
- Tri-Counties Regional Center

To complete the SIP, designated subject matter experts constructed initial drafts of the planning steps for achieving the system improvement goal to which they were assigned. The individual plans were then combined to form a draft of the overall SIP which was reviewed by the entire SIP Team. Most subject matter experts worked in small groups. An exception was the workgroup that was formed to "re-tool" specific program operations at Casa Pacifica, the facility that provides campus-based emergency shelter care for children in Ventura County. Comprised of DCFS regional managers and senior administrators and representatives of Casa Pacifica and the County Behavioral Health Department, this group worked on planning improvements in two areas: (a) making the multidisciplinary assessment that follows completion of the initial safety and risk assessment available to all children who enter the child welfare system and (b) connecting children and their families with caregivers and/or behavioral health professionals as soon as their new caregiver is identified. The results of these planning efforts are reflected in what has become known as the Best Match Project for improving

the county's performance in the area of stability of out-of-home placements (see Improvement Goal 2.2 below).

B. Findings that Support Qualitative Change

1. Self-Assessment Process

The initial step in the self-assessment process involved gathering all results for the C-CFSR outcome indicators that were available in January 2004. This information was (and continues to be) accessible through the website of the Center for Social Services Research (CSSR) at the University of California, Berkeley (UCB). Aggregated totals for 12-month periods were retrieved beginning with the data for Calendar Year 1999 and graphic displays of the trends for each indicator were prepared and distributed initially to DCFS regional managers and senior administrators. These in-house experts met on several occasions to review the compiled data, identify the systemic factors that were most likely associated with the observed trends in specific indicators and determine which of these factors could be considered strengths of the local child welfare system and which were areas needing improvement. The findings resulting from this review are summarized in the following section.

Following the initial review by regional managers and administrators, the process was repeated with other groups: Top Communications Team (includes members from all levels of DCFS staff), Best Practice Council (includes all DCFS social work supervisors), Labor Management Team (includes DCFS management and service delivery staff), and the Parent Leadership Group (includes parents who were previously involved in an open case). The groups were presented with the graphic displays and asked to comment on factors that were possibly associated with the observed trends. Feedback from these groups were reported back to the manager/administrator group and incorporated into the factor analysis.

On March 16, 2004, the graphic data and results of the in-house reviews were presented to an augmented Children's Oversight Committee acting as the county's Self-Assessment Team. The SA Team met again on April 13 and May 18 to finalize input on areas of strength and those needing improvement and to determine the specific areas to be targeted in the System Improvement Plan.

2. Self-Assessment Findings

The self-assessment process resulted in the identification of three areas of outcome performance where improvement was needed: (a) recurrence of maltreatment for children not removed from their homes; (b) placement stability for first entries to care; (c) youths transitioning from foster care to self-sufficient adulthood. A fourth target area, consistent implementation of the Health and Education Passport (HEP) system to improve the well-being of children in care, was identified as a local systemic issue related to quality assurance.

a. Recurrence of Maltreatment

As reported in the county's Self-Assessment, results for Outcome Indicator 2A (State Measure) showed that of the 2,579 Ventura County children who had an inconclusive or substantiated referral during the 12-month period July 1, 2001 to June 30, 2002 but were not removed from their homes, 232 (9.0%) had a subsequent substantiated abuse/neglect allegation within the 12 months following their referral. Although no results were then available for periods before July 2001, results for other safety indicators raise questions about overall safety trends. In particular, Safety Indicator 1B-2 (recurrence following a first substantiated allegation) showed a slight but consistently increasing trend over the last four data points reported in the Self-Assessment: 11.3% (CY 1999), 11.6% (CY 2000), 11.6% (CY 2001), and 12.2% (July 2001 through June 2002).

The Self-Assessment identified several systemic changes that are expected to help reduce the recurrence of maltreatment for children who are not removed from their homes. Standardized safety and risk assessments, systematically performed during child visits, are critically important to keeping children safe both in their homes and in out-of-home care. Coupled with this is the need for systematic documentation of assessment results in case plans to facilitate the tracking of improvement in the safety of the home environment. Clarifying the DCFS risk assessment policy and providing ongoing training and supervision in assessment procedures are also expected to improve performance on all indicators related to child safety. Finally, the services and supports received by the parents of children who remain in their homes are particularly important since it is they, rather than resource families, who are the caregivers for their children. In this regard, there is a need to expand and enhance range of parent support services to include the types of services that are received by "evaluated-out" families and that will be a part of the county's eventual differential response in CWS Redesign.

b. Stability of Out-of-Home Placement

Results for Outcome Indicator 3C (State Measure) show that the percent of first entries with no more than two placements (i.e., one placement change) in first 12 months following entry decreased consistently during the period between January 1999 and June 2002: 68.6% (CY 1999); 66.5% (CY 2000); 64.6% (CY 2001); and 57.8% (July 2001 through June 2002).

Several factors have contributed to the decreasing levels of placement stability. These include the absence of a clearly established protocol for overseeing the placement change process. Such a protocol may include for example, a systematic review by supervisors of the reasons that each proposed change in placement is needed and previous efforts to address the issues that have led to the need for change. In addition to these factors, a state-mandated change in the relative approval process resulted in a transient increase in placement changes (i.e., children who would have been placed with a relative were placed temporarily in shelter care because the relative placement was not immediately available).

c. Youth Emancipating from Foster Care

Results for Outcome Indicator 8A (State Measure) indicate that of 202 child welfare- and probation-supervised youths, ages 16-18, who were offered ILP services between October 1, 2001 and September 30, 2002, 181 (89.6%) received services during that period (California Department of Social Services, 2003). The data also reveal that of the 181 youths who received services, 65 (35.9%) completed their high school diploma during the year and another 81 (44.8%) were enrolled in a program to obtain their diploma or GED. In addition, 22 youths (12.2%) were enrolled in a community college or 4-year college program and 69 (38.1%) were employed. Finally, 5 (2.8%) youths completed a vocational or on-the-job (OJT) training program and another 6 (3.3%) were enrolled in such programs.

These results suggest that the local ILP was effective in enrolling eligible youths and helping them to pursue educational goals at the secondary and college levels during the report period. In addition, a significant number of youths were employed, suggesting that factors related to youth employment were a program strength. Finally, the relatively low levels of completion and participation for vocational and on-the-job training programs are more likely to reflect a diminished priority given to those programs rather than a lack of effectiveness of services and processes related to job training per se. Data for the most recent reporting period (October 1, 2001 through September 30, 2003) however show that performance levels decreased for all four of the indicators for this outcome (see description of County's Current Performance for Target 3 below).

d. Child Well-Being: The Health and Education Passport Process

Providing for the well-being of children in care requires up-to-date information on the child's status in the areas of health, education and requirements for care. The Health and Education Passport (HEP) system is the process for tracking the level of care required, educational accomplishments and the health history of each child in out-of-home foster care (California Welfare and Institutions Code Section 16010). The HEP Notebook, which moves with the child whenever there is a change in the child's placement, contains a summary of the child's health and education history that must be updated throughout the time the child remains in foster care. Currently, the local child welfare system does not provide information regarding the extent to which Notebooks are prepared for children entering out-of-home care and the extent to which HEP information is updated whenever it is necessary to do so.

C. Summary of Ventura County Self-Assessment

The Summary Assessment (Section V) of the County Self-Assessment is shown in Appendix A.

II. Plan Components

TARGET 1: Decrease recurrence of maltreatment for children who are not removed from their homes (Child Safety Outcome Indicator 2A [State Measure]).

COUNTY'S CURRENT PERFORMANCE: C-CFSR Quarterly Reports from the California Department of Social Services (CDSS) show that results for recurrence of maltreatment following their initial referral for children not removed from their homes have improved since the last period covered in the county's Self-Assessment (9.0% for the period July 2001 through June 2002). Quarterly Reports received April and July 2004 show that the percent of children in the Family Maintenance program who experienced subsequent maltreatment was 8.3% for October 2001 through September 2002 and 8.3% between January and December 2002. (It is important to note in this regard that due to an error in the formula used by the CSSR at UC, Berkeley to compute all four measures of recurrence, results for each of these indicators are being revised. Revisions are now available for three of the four measures and all three revisions show performance levels for Ventura County that are significantly below those reported in the County Self-Assessment. Unfortunately, the revisions for recurrence for children not removed from their homes have not been completed and are not available at the present time.)

Social workers regularly visiting children in their caseload is an important process that contributes to keeping children safe. Since the completion of the self-assessment, revised and more recent results for Process Indicator 2C have been reported by CDSS. The **revised** results for Quarter 2 of CY 2003 (the last period covered in the Self-Assessment) show that 87.6% of all children who required a visit during the month were visited by their social worker. Quarterly Reports received April and July 2004 show that 86.0% and 88.6% of required monthly visits were completed for Quarters 3 and 4 of 2003 respectively.

The county's Dependency Drug Court program helps to ensure the safety of children in the Family Maintenance Program by arranging inpatient and outpatient services for new mothers with an alcohol or substance abuse problem. Data maintained by the Drug Court program show that 97 mothers have been served since the program began in December 2000 (data are reported through June 2004). The women tended to be young (47.4% were between the ages of 18 and 25 when they were accepted to the program) and had an average of 1.95 children at intake (189 total children including the newborn that brought them to the program). Of the 97 participants, 74 exited the program over this period. Forty-four (59.5%) of these were program graduates. The remainder (30 or 40.5%) were terminated from the program. Follow-up results show that 13 (29.5%) of the graduates and 17 (56.7%) of those terminated were arrested at some point after leaving the program. Inspection of the types of offenses for which they were arrested reveals only two involved child

endangerment (both were misdemeanor offenses and involved program graduates). Analysis of the clients' arrest data also reveals that the average duration between exit and subsequent arrest was 12.2 months for graduates but only 4.4 months for program terminations. These data show the program's positive effects but also suggest areas for continued growth.

IMPROVEMENT GOAL 1.1: Implement Structured Decision-Making (SDM). Structured-Decision Making is a state-sponsored process that uses standardized assessment protocols or “tools” to help a social worker make specific decisions in a child welfare case. First, SDM assesses a child’s immediate safety and future risk for harm following a report of abuse/neglect. Results help the social worker decide whether the child can safely remain in the present home setting or needs to be removed from the home. Second, the worker uses SDM to assess the strengths and needs of the child’s family to decide what services and supports are needed to help achieve a home environment that is safe for the child. Third, SDM is used at prescribed intervals after the family begins to receive child welfare and related services. These re-assessments help the social worker decide when the child may be safely returned to his/her parents and when it is in the best interest of the child to have a permanent (placement) plan such as adoption, guardianship or long-term foster care.

STRATEGY 1.1.1: Develop **SDM policies and procedures** and integrate these into existing DCFS policy and procedure.

RATIONALE: SDM policies and procedures establish essential program standards for (a) the use of SDM tools by social workers for safety and risk assessment and decision-making purposes and (b) oversight by DCFS supervisors and managers of SDM implementation and use.

Milestones	Timeframes	Assignments
1. Form workgroup to plan activities needed to prepare for implementation of SDM. Workgroup will include representatives from DCFS, Casa Pacifica shelter, County Behavioral Health Department, foster family agencies, HSA Business and Employment Services Department, etc.	July 2004	Staff Development Coordinator
2. Develop policies and procedures for SDM and integrate these with other existing DCFS policies and procedures. SDM policies and procedures will address a variety of issues including the following. a. Use of SDM Safety and Risk Assessments in Emergency referrals;	December 2004	SDM Workgroup

<ul style="list-style-type: none"> b. Use of results from SDM Family Strengths and Needs Assessment in developing and implementing multidisciplinary case plan that reflects intra- and interagency linkages (e.g., linking with CalWORKs employment specialist following identification of family's self-sufficiency needs); c. Use of risk re-assessment in Family Maintenance and Family Reunification (ongoing) cases; d. Supervision of social workers to ensure appropriate use and accuracy in completing SDM tools. 		
<p>STRATEGY 1.1.2: <u>Train CFS social workers and supervisors</u> in SDM process and use.</p> <p>RATIONALE: Effective use of the SDM tools requires careful training of the social workers charged with the responsibility of child welfare decision-making and their supervisors. (The related issue of maintaining quality control is addressed in Strategy 1.1.4 below.)</p>		
Milestones	Timeframes	Assignments
1. Conduct pre-implementation and web-based training in SDM for managers and administrators.	June 2004	Children's Research Center
2. Arrange with Regional Training Academy (RTA) to conduct SDM training for CFS supervisors and social work staff.	November 2004	Staff Development Coordinator
3. Train all supervisors.	January 2005	Regional Training Academy
4. Train all social work staff.	February 2005	Regional Training Academy
5. Work with CFS Business Technology Division (BTD) staff to create required management reports.	April 2005	Children's Research Center, BTD
<p>STRATEGY 1.1.3: <u>Orient and educate partners</u> regarding the purpose and use of SDM. Groups will include court</p>		

personnel, shelter care staff, staff of programs that provide services to children and families (e.g., Business and Employment Services Department, County Behavioral Health Department), caregivers including parents, Children's Oversight Committee, etc.

RATIONALE: The systemic value of SDM will be enhanced when other agencies and individuals who play a role in the child welfare system have a basic understanding of the process that is involved in child welfare decision-making.

Milestones	Timeframes	Assignments
1. Identify groups and individuals who should receive an orientation to SDM and prepare presentation. Potential audience includes Children's Oversight Committee, Parent Leadership Group, Foster Parent Association, etc.	January 2005	CFS Deputy Director
2. Present SDM orientation to designated groups and individuals.	February 2005	CFS Deputy Director

STRATEGY 1.1.4: Monitor the implementation and use of SDM for quality control.

RATIONALE: Effective ongoing supervision is essential for maintaining the continued effectiveness of the SDM tools.

Milestones	Timeframes	Assignments
1. Monitor the use of SDM to ensure proper use of the SDM tools by social workers and supervisors.	June 2005	DCFS Managers and Supervisors
2. Develop and share quarterly management reports with managers and supervisors.	June 2005	DCFS management, BTD
3. Provide on-site technical assistance for case reviews and compliance monitoring.	April and June 2005	Children's Research Center

IMPROVEMENT GOAL 1.2: Develop and implement services for participants in Dependency Drug Court program.

The Dependency Drug Court program serves drug-exposed newborns and their mothers. Although enrollment in the program is voluntary, participation itself is ordered by the Court and is under the Court's jurisdiction. To remain in the

program, mother and child must participate in a residential recovery program and subsequent outpatient services (these are provided by both public and private agencies). Participants receive intensive case management services from HSA Drug Court social workers who monitor each client's progress in the treatment and support service activities that are specified in the client's case plan.

STRATEGY 1.2.1: Review current program to establish basis for augmenting Drug Court services.

RATIONALE: Review will identify the service area(s) that, if enhanced, promises to have the most significant impact on increasing child safety.

Milestones	Timeframes	Assignments
1. Establish baseline for recurrence of maltreatment and other measures that describe participating clients, program-related services they receive and processes and outcomes of the Drug Court program.	September 2004	Drug Court Coordinator, DCFS CWS/CMS Manager
2. Develop an inventory and brief description of all existing inpatient and outpatient services provided by Drug Court and related programs (including case planning and case management). Inventory will be used to help identify the program area(s) that may be targeted for expanded services to reduce risk of repeat maltreatment.	September 2004	Drug Court Program Staff
3. Prepare recommendation for service augmentation based on program statistics and services inventory.	September 2004	Drug Court Program Staff

STRATEGY 1.2.2: Complete application to State of California for grant funds to support augmentation of Drug Court services.

RATIONALE: Successful application will fund targeted service enhancement.

Milestones	Timeframes	Assignments
1. Establish workgroup to provide input on and assist in completion of	October 2004	

grant application. Group will include both intra-agency (DCFS, Business and Employment Services Department [Workforce Development and CalWORKs], Transitional Assistance [Food Stamps, Medi-Cal]) and inter-agency program representatives (Dependency Court, Behavioral Health Department, Alcohol and Drug Programs, Public Health Nurses, foster family agencies, Probation Agency, etc.).		
2. Review literature for models of multi-agency Dependency Drug Court programs.	October 2004	Drug Court Workgroup
3. Develop description of and rationale for service augmentation and how planned service will be integrated with existing services in a holistic manner to address the needs of the entire family.	October 2004	Drug Court Workgroup
4. Identify other process and outcome measures for augmented service intervention (e.g., relapse, number of program changes from Family Maintenance to Family Reunification).	November 2004	Drug Court Workgroup
5. Define partner roles in service augmentation plan.	November 2004	Drug Court Workgroup
6. Submit grant application.	December 2004	Drug Court Workgroup

TARGET 2: Increase the percent of children with no more than two placements in a 12-month period (Placement Stability Outcome Indicator 3C [State Measure]).

COUNTY'S CURRENT PERFORMANCE: The percent of first-entering children who experienced no more than one placement change decreased from 57.8% (for the period July 2001 through June 2002, the last period covered in the county's Self-Assessment) to 53.8% for the 12 months between October 2001 and September 2002. Subsequently, the rolling total **increased** to 59.0% for the next 12-month period (January through December 2002).

The county's Self-Assessment noted that a review of the reasons for placement change in the aggregated stability data is important since placement change may reflect progress made by the child and his/her family as well as problems that necessitate a change in the placement. The CSSR at UC Berkeley has recently made available breakouts of reasons for placement change. These data indicate that between July 1 2002 and June 30, 2003, 457 (38.1 per month) changes occurred in which a child was moved to another placement (Note: these changes do not include reunifications, adoptions or emancipations or those in which a child is temporarily moved from and returned to the same placement.). Of the 457 placement changes, the largest numbers involved placement with a relative (98 or 21.4%) and removal from emergency shelter care (new placement not specified) (66 or 14.4%). Seventy-three (16.0%) changes involved an issue with the child's behavior. Placement change reasons in this latter case included "child's behavior", "higher level of care", "child ran away", "incarcerated", "state hospital", and "facility request" (n=52). "Other" was given as the reason for placement change for 201 (44.0%) of the 457 changes.

The most recent placement change data cover the period April 1, 2003 through March 31, 2004. Four hundred thirty (35.8 per month) changes to a new placement occurred during this period. Of these, 65 (15.1%) involved placement with a relative, 64 (14.9%) involved removal from emergency shelter care, 82 (19.1%) reflected the child's behavior and 199 (46.3%) involved some "other" reason.

IMPROVEMENT GOAL 2.1: Implement Team Decisionmaking (TDM). Team Decisionmaking is a key strategy in the county's implementation of the Family to Family Initiative. Fundamental to TDM is the involvement of a child's family and community in the decision-making process whenever a change in the child's placement is at issue. The latter may involve deciding whether to (a) remove the child from the family home following an initial referral, (b) change the child's current placement, (c) reunify the child with his/her family or (d) initiate a permanency plan for adoption, guardianship or long-term foster care when reunification is no longer a viable option. While achieving that which is in the best interest of the child and his/her family is always paramount, TDM also seeks to prevent placement change whenever that is appropriate by arranging new supports for children and their families and caretakers that might safely maintain the current placement. In the latter regard, TDM can help to achieve placement stability as well as eventual reunification or other permanent placement.

STRATEGY 2.1.1: Develop and implement procedures for conducting **Team Meetings** which will serve as a precursor to full implementation of Team Decisionmaking.

RATIONALE: Full implementation of the TDM strategy requires detailed training and an organizational structure that

will be achieved within the next 12 months. To prepare for full implementation of TDM, DCFS has initiated decision-making processes that approximate TDM. These Team Meetings will provide supervisors and social workers with important experience in involving families and their communities in decision-making regarding child placements.

Milestones	Timeframes	Assignments
1. Develop guidelines for Team Meetings based on review of existing processes used for case planning and reviewing placements and possible changes in placement.	October 2004	F2F Coordinator, TDM Strategy Group
2. Develop and implement a process for collecting information re the attendance and result of team meetings including whether placement changed and what services were recommended.	October 2004	TDM and Self-Evaluation Strategy Groups, F2F Coordinator
3. Review and present results of team meeting implementation to staff and management.	January 2005	Self-Evaluation Strategy Group
<p>STRATEGY 2.1.2: Develop <u>TDM policies</u>. Policies will address for example, the purpose for convening a TDM meeting, the specific issues that should be addressed in the meeting, who should participate in a TDM meeting, where in the community TDM meetings should be held, the suggested duration of those meetings, a process for resolving any impasse regarding a TDM decision, etc.</p> <p>RATIONALE: Articulation of TDM policies helps to maintain the focus and integrity of the decision-making process and facilitates staff training and supervision.</p>		
Milestones	Timeframes	Assignments
1. Determine areas requiring a TDM policy and develop an initial draft of the DCFS policy in those areas.	October – November 2004	TDM Strategy Group, consultation with F2F Technical Assistant for TDM.
2. Review, revise and approve TDM policy draft.	December 2004 –	Mgt/Senior Admin

	February 2005	Team
3. Obtain feedback on revised TDM policy draft from in-house groups including Best Practice Council, Top Communication Team (TCT), Labor Management Team, etc.	February – March 2005	F2F Coordinator, Mgt/Senior Admin Team
4. Obtain feedback on TDM policy draft from multidisciplinary and community groups including Children’s Oversight, Foster Parent Association, Parent Leadership Group, etc	March – April 2005	F2F Coordinator, Mgt/Senior Admin Team
<p>STRATEGY 2.1.3: Develop <u>TDM procedures</u> for activities including arranging, conducting and documenting the results of a TDM meeting. Procedures will address issues such as the responsibility for convening a TDM meeting, inviting individuals to the meeting, arranging accommodations for the meeting, documenting meeting decisions made regarding placement and service recommendations in the statewide case management database (CWS/CMS) and other databases, conducting meetings after hours, monitoring implementation of TDM meetings, etc.</p> <p>RATIONALE: TDM procedures establish practice standards for implementation of the TDM process which facilitate monitoring and maintenance of program quality and supervision of social work staff.</p>		
Milestones	Timeframes	Assignments
1. Draft set of procedures for each TDM policy.	September 2004 – January 2005	TDM Strategy Group, consultation with F2F technical assistant for TDM.
2. Review, revise and approve draft of TDM procedures.	December 2004 – February 2005	Mgt/Senior Admin Team
3. Obtain feedback from in-house groups including Best Practice Council, TCT, Labor Management Team, etc.	February – March 2005	Deputy Director, F2F Coordinator
4. Obtain feedback on TDM procedures from multidisciplinary and community groups.	April – May 2005	Deputy Director, F2F Coordinator

5. Add final TDM procedures in DCFS Policies and Procedures Manual and incorporate information on TDM procedures in new hire orientation.	Complete by July 2005	Staff Development Coordinator, F2F Coordinator, Mgt/Senior Admin Team
<p>STRATEGY 2.1.4: Develop protocol for <u>collecting and managing information</u> related to TDM meetings and overall TDM implementation.</p> <p>RATIONALE: Performance monitoring and self-evaluation are essential elements in the Family to Family Initiative. The availability of accurate and timely information is essential in this regard.</p>		
Milestones	Timeframes	Assignments
1. Obtain information from CSSR, UC Berkeley on the <u>California Team Decision Making Application</u> (TDM CA v. 2.2, September 2003, Contact Bill Dawson). TDM CA was developed to collect information about TDM meetings held in participating F2F counties.	January 2005	TDM and Self-Evaluation Strategy Groups, F2F Coordinator
2. Determine whether to use TDM CA adapted to Ventura County specifications or some other tool for documenting TDM meetings.	February 2005	TDM and Self-Evaluation Strategy Groups, F2F Coordinator
3. Develop protocol and related database for gathering and entering information for TDM meetings held in the county.	Completed April 2005	Self-Evaluation Strategy Group
4. Designate and train staff to enter data in TDM database.	May – June 2005	
5. Implement TDM data collection protocol.	July 2005	F2F Coordinator
6. Aggregate, summarize and disseminate results of TDM implementation to confirm appropriate implementation of TDM and achievement of desired outcomes for children and families.		Self-Evaluation Strategy Group

STRATEGY 2.1.5: Select and train TDM Facilitator(s) using the Annie E. Casey Family to Family curriculum.

RATIONALE: The TDM process requires a staff position(s) that is dedicated and trained to moderate/facilitate each team decisionmaking meeting.

Milestones	Timeframes	Assignments
1. Develop job description for TDM Facilitator position.	Complete by July – August 2005	HR, F2F Coordinator, Staff Development Coordinator,
2. Conduct selection process for TDM Facilitator position(s) and select TDM Facilitator(s). Announce selection results to all CFS staff.	Complete by July – August 2005	F2F Coordinator
3. Arrange for TDM Facilitator training to be conducted by Annie E. Casey or Central Coast Training Academy.	Complete by July – August 2005	F2F Coordinator, Staff Development Coordinator
4. Complete training for TDM Facilitator(s).	August 2005	

STRATEGY 2.1.6: Train social work staff and partners about the rationale and process for TDM.

RATIONALE: DCFS social workers and staff of other public and private agencies who serve children and families in the child welfare system will participate in a team decisionmaking meeting at some point and are an integral part of the process. Training in TDM is thus essential for these individuals.

Milestones	Timeframes	Assignments
1. Develop agenda and TDM training information and materials.	Complete by June 2005	F2F Coordinator, Staff Development Coordinator
2. Introduce Facilitators to staff and partners. Describe TDM purpose and process and the role that Facilitator(s) will play in the process.	August 2005	F2F Coordinator

3. Complete TDM training.	September 2005	F2F Coordinator, Staff Development Coordinator
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IMPROVEMENT GOAL 2.2: Develop and implement a process for placing each child who enters out-of-home care with the available caregiver who is best able to meet the identified needs of the child and his/her birth family.

This goal will be achieved by the “Best Match Project”. To improve the stability of each child’s placement (as well as safety, permanence and well-being), the Project will focus on three areas. The Project’s first goal is to improve existing multidisciplinary processes for assessing youths, their families and the caregivers who serve them. Second, the Project will develop a process for using the information gathered in these assessments to decide the specific placement that will best serve the child and his/her family and will subsequently track the placement to validate the matching decision. Finally, the Project will improve the way in which children, their birth families and caregivers are supported in their efforts to achieve placement stability.

STRATEGY 2.2.1: Develop the county’s existing multidisciplinary assessment process used to identify and describe the needs of children and their families when the children enter out-of-home care. Children who enter care for the first time (i.e., first entries) will be a particular focus here and in the other strategies for this improvement goal.

RATIONALE: Achieving the “best-fit” match between an individual child, the child’s caregiver and the services and supports needed to maintain the child’s placement requires an assessment protocol that provides the “best” description of the child’s needs.

Milestones	Timeframes	Assignments
1. Establish a workgroup to review and revise the current assessment process performed by the Coordinated Assessment and Response Team (CART). The group will include representatives from Casa Pacifica clinical and shelter care staffs, County Behavioral Health Department, DCFS Emergency Response and Ongoing social workers, the County Foster Parent Association, foster family agencies, etc. The group will also review assessment options for children who are removed from their homes and placed in settings <u>other than the Casa</u>	July 2004	

<p><u>Pacifica shelter</u> (i.e., relative homes, foster homes offering emergency shelter). (Note: Though not a part of this target in the current SIP, the group will also consider assessment procedures for children who are <u>not removed</u> from their homes following their initial referral [i.e., Family Maintenance cases] as a precursor to the development of alternatives for providing a differential response for at-risk families under the plan to redesign California's child welfare system [i.e., CWS Re-design].).</p>		
<p>2. Review and revise the protocol for including participants in the CART assessment process to include (a) the participation of the subject child's biological parents, significant others such as relative(s), guardian, foster parent and friends, mentors, etc in the community (as defined by family and DCFS for having value in the placement decision-making process) and (b) timeframes for completing the assessment.</p>	<p>Complete by January 2005</p>	<p>Best Match Workgroup</p>
<p>3. Review and revise the domains addressed in the CART assessment and, where appropriate, identify standardized measurement tools for assessment of each domain. Domains will include child functioning (e.g., Child and Adolescent Functional Assessment Scale [CAFAS]), child social development and maturity, child health status, child educational status, family economic self-sufficiency, etc. (see child risk assessment and intervention and family assessment in Good Practice Framework).</p>	<p>Complete by January 2005</p>	<p>Best Match Workgroup</p>
<p>4. Review and develop ways for incorporating other currently required assessments into the revised CART assessment protocol (i.e., safety and risk assessment using SDM [see Improvement Goal 1.1], completed Child Needs and Services Plan, etc.)</p>	<p>Complete by January 2005</p>	<p>Best Match Workgroup</p>
<p>5. Incorporate protocol developed by Behavioral Health Department (as part of "Shomair Re-Design") that provides a complete bio-psychosocial assessment of child and family following a direct referral from a DCFS ER social worker at the time of the child's detention (referrals would</p>	<p>Complete by January 2005</p>	<p>Best Match Workgroup, Behavioral Health</p>

also be accepted from Court and Ongoing workers).		
<p>STRATEGY 2.2.2: Develop and implement a protocol for obtaining information that describes the key <u>characteristics of caregivers</u> that are used to select the particular home as the “best fit” match for a particular child whose needs have been previously established by a CART assessment.</p> <p>RATIONALE: A basic assumption upon which the project is based is that caregivers differ in their capacity to serve children. Developing a process for identifying the factors that describe that capacity is essential to determining which caregiver is most capable of serving the specific needs of an individual child.</p>		
Milestones	Timeframes	Assignments
1. Designate a workgroup to design an assessment protocol for potential caregivers. Group will include Casa Pacifica clinical team, foster parent association, among others. (Should be same group as in Milestone #1 for Strategy 2.2.1).	January 2005	
2. Review information gathering procedures used in assessing caregivers as part of Home Certification process (i.e., when the “home study” is conducted for prospective foster parents) and identify and incorporate appropriate measures in the assessment protocol for caregivers.	February 2005	Best Match Workgroup, DCFS Licensing
3. Gather feedback from County Behavioral Health Shomair clinicians who have worked with foster parents (assuming a child has been placed with them in the past.) regarding their skill level and capability.	February 2005	Best Match Workgroup
4. Develop the existing “resource family” database for storing and managing the information that describes caregiver characteristics, strengths, etc . The database will include FFA-certified foster homes. The database will be maintained by DCFS Placement Unit.	Complete by March 2005	DCFS Placement Unit, BTD
<p>STRATEGY 2.2.3: Develop and implement a set of <u>decision rules</u> that matches a child and caregiver based on (a) the assessed needs of the child and his/her biological family, (b) the selected characteristics and abilities of the caregiver and (c) the availability of resources to support the placement. Initially, construction of the “matching procedure” will be based</p>		

on clinical judgment and, where appropriate, maintenance of the child's connections with family and community. Placements will be tracked over time and, as the number of matches grows, the procedure will be adjusted to reflect the long-term stability of the placements in aggregate.

RATIONALE: To the greatest extent possible, the decision to place a particular child with a particular caregiver should be based on an orderly decision-making process that considers all relevant information about the needs of the child and the ability of the caregiver, with available supports, to meet those needs.

Milestones	Timeframes	Assignments
1. Designate a workgroup to develop the matching protocol. (Should be same workgroup as in Strategy 2.2.1 and 2.2.2 – Milestone #1).	March 2005	Best Match Workgroup
2. Develop protocol for matching child and caregiver.	Complete by July 2005	Best Match Workgroup
3. Develop a process for clinical oversight of each decision to match a particular child with a particular caregiver.	Complete by July 2005	Best Match Workgroup
4. Track each placement over time to validate the “goodness” of the placement match. The tracking process will include determining, documenting and reviewing reason(s) for each placement change.	Ongoing	

STRATEGY 2.2.4: Develop and implement a protocol for assuring that the child receives a **good “hand-off”** to the selected (matched) caregiver (e.g., foster parent, relative, etc.).

RATIONALE: A well-planned transition process will reduce the likelihood of future placement disruption. The process will help to confirm the readiness and capabilities of foster parent to work with the child. Review and confirm assessment and placement decision for the “good match” prior to “hand-off” (see Strategy 2.2.3, Milestone #2).

Milestones	Timeframes	Assignments
1. Develop workgroup to revise previously used Casa Pacifica discharge packet (to be provided to foster parent upon child's discharge.)	October – December 2004	Best Match Workgroup, Casa

		Pacifica shelter staff
2. Develop protocol for involving caregiver in the CART process as soon as potential “match” is identified.	January – March 2005	Best Match Workgroup, CART representative, DCFS social worker representative
3. Develop protocol for caregiver’s meeting with Casa Pacifica shelter staff and Shomair therapist to learn about their prospective foster child and understand their needs.	January – March 2005	Best Match Workgroup, Casa Pacifica shelter staff, Behavioral Health Department
4. Develop protocol for caregiver’s attending a minimum of 3 visits at Casa Pacifica (may include an off-campus outing) engaged in a variety of activities with child) under the supervision. Casa Pacifica treatment team and HSA staff are de-briefed about these visits.	January – March 2005	Best Match Workgroup, Casa Pacifica shelter staff
5. Develop protocol for caregiver’s having one home visit with child (could be one of the three visits described above) to ensure the comfort level of the child (and foster parent) in their new surroundings prior to placement.	January – March 2005	Best Match Workgroup, Casa Pacifica shelter staff
<p>STRATEGY 2.2.5: Develop resources, training and services that are available to resource families (including relatives and guardians) to <u>support the placements</u> in which individual children and caregivers have been matched (see Strategy 2.2.3).</p> <p>RATIONALE: Support services for children and their caregivers will further increase the likelihood that placements will remain stable.</p>		
Milestones	Timeframes	Assignments
1. Develop a process for providing short-term, intensive family	Complete by October	Best Match

intervention immediately following the placement of children with a relative, foster family or other out-of-home placement (part of “Shomair Re-Design”). Ideally, the therapist would be the same person who did the initial child/family assessment prior to the child’s placement.	2004	Workgroup, Behavioral Health Department, DCFS
2. Conduct an internal restructuring within DCFS that facilitates collaboration among DCFS Licensing, Placement and Recruitment Units.	October 2004	DCFS
3. Establish an ad hoc committee to review current kinship and foster care education curriculum (include foster parents, relatives, public health nurses, college kinship education staff). The committee will: a. Gather a set of data that describe the common needs of children in foster care from foster parents, relative caregivers, etc. This input will help to identify the kinds of information that needs to be collected to identify the needs of children entering out-of-home placement (see Strategy 2.2.1). b. Revise existing Kinship Education Project Curriculum so that it includes the needs and findings of this committee.	Complete by December 2004	Best Match Workgroup, Ad Hoc Committee
4. Develop and implement protocol for participation by foster parents in Casa Pacifica family support component (e.g., family night) once potential “match” has been identified.	January – March 2005	Casa Pacifica, Foster Parents Assn
5. Develop protocol for informing foster families of the availability of Casa Pacifica staff and resources after a child is discharged and for facilitating use of these resources by foster families. This information will be included as part of each child’s discharge summary (names, phone numbers, etc.).	January – March 2005	Casa Pacifica, Foster Parents Assn
6. Develop protocol for use of Casa Pacifica to provide respite care for foster families as a way of preserving placements that may be in jeopardy.	Complete by July 2005	Casa Pacifica, Foster Parents Assn

TARGET 3: Improve services and outcomes for youths emancipating from foster care and transitioning to self-sufficient adulthood (Child Well-Being Outcome Indicator 8A [State Measure]).

COUNTY'S CURRENT PERFORMANCE: Since the end of the last period reported in the Self-Assessment (September 30, 2002), the ILP has gone through a period of transition during which several key personnel changes occurred. The impact of these changes is reflected in the most recent CDSS ILP Annual Statistical Report for FFY 02-03 (October 1, 2002 through September 30, 2003). These data show that all of the well-being indicators presented in the ILP report except college enrollment were lower in FFY 02-03 than FFY 01-02: (a) the number of youths served in FFY 02-03 was 144 compared to 181 in FFY 01-02; (b) the percent of youths who completed or were currently enrolled in a high school diploma, GED, or adult education program was 27.8% compared to 80.7% in FFY 01-02 (program completion by itself was 23.6% compared to 35.9% in FFY 01-02; enrollment by itself was 4.2% compared to 44.8% in FFY 01-02; (c) gains in college enrollment, though consistent, have been in the 1% range except for FFY 99-00 to FFY 00-01; (d) completion or enrollment in vocational/on-the-job training programs was 2.8% compared to 6.1% in FFY 01-02; and (e) the percent of youths participating in ILP who obtained full- or part-time employment was 29.2% compared to 38.1% in FFY 01-02.

System improvements will focus on increasing the percentage of eligible youths who enroll in the ILP program, increasing youth participation in planning for their own emancipation and beyond, and increasing available services and youths' connection with those services.

IMPROVEMENT GOAL 3.1: Review and revise goals, policies and procedures for Independent Living Program (ILP). The Independent Living Program is a statewide program that is designed to prepare youths in child welfare- and probation-supervised out-of-home care for self-sufficient adulthood. Youths who are or were in care at any time between their 16th and 19th birthday are eligible for ILP services and they remain eligible until their 21st birthday. Every ILP participant is required to have a written service plan, the Transitional Independent Living Plan (TILP), that describes the youth's current level of functioning, goals for emancipation, skills needed to live independently, and services to help prepare him/her for independent living.

The local ILP is currently operated by the non-profit agency, Work Training Program Inc., which was awarded the contract to operate the program by the Human Services Agency beginning in July 2004. The program provides a variety of services to prepare youths for emancipation from the county children's system. These include: job and career development; referral to academic or vocational training; training in personal finance and budgeting; training in health and hygiene; counseling; and case management. In addition, a multi-agency body, the Youth in Transition Advocacy Council (YTAC), assists in the process by developing resources to serve these youths including health and behavioral health,

education, employment, transportation, and housing services. Youths are referred to the ILP by CFS social workers and county probation officers. Liaison between the ILP contractor and child welfare and probation agencies is provided by a DCFS ILP Coordinator who supports referrals to the ILP as well as the on-going child welfare and probation services for participating youths.

STRATEGY 3.1.1: Review, revise and develop ILP goals and policies.

RATIONALE: The change in the contractor for the local ILP has created an important opportunity for all public and private partners in the program to review the program and participate in the development of any necessary revisions in the program's goals and policies.

Milestones	Timeframes	Assignments
1. Establish workgroup to review and revise the goals and policies for the ILP. Group will include representatives from Work Training Program (WTP), Business and Employment Services Department Youth Services Program, DCFS, Probation Agency, Community College Foster and Kinship Care and Education Program, County Schools, Behavioral Health, Housing Authority, etc.	July 2004	
2. Review and revise the goals and youth outcomes for the ILP.	September 2004	ILP Workgroup
3. Review and revise existing program policies to reflect the revised ILP goals and outcomes. Policy areas to be reviewed include program oversight and development, program operations, services offered by ILP (including case management and Emancipation Conferencing), data collection, program evaluation, contribution of financial and in-kind resources by program partners to support the delivery of ILP services, etc.	November 2004	ILP Workgroup
4. Re-establish the Youth in Transition Advisory Council (YTAC) and re-define the role that it will play in the process of serving emancipating/ed youth. This process will place a major emphasis on connecting ILP-enrolled youths with the same programs and services to which youths	November – December 2004	ILP Workgroup

in the general population have access including those offered by the Workforce Investment Act Youth Services Program.		
<p>STRATEGY 3.1.2: Review, revise as needed and implement ILP <u>procedures</u>. Review and revision will focus on various program processes including youth referral to ILP (single referral process for child welfare and probation); intake and enrollment in ILP; case/service planning; service delivery (including referral to service providers in public and private sectors); case management; data collection and data management; evaluation; etc.</p> <p>RATIONALE: The process of review and revision of ILP procedures aligns practice with policy and establishes program standards that facilitate program monitoring and staff supervision.</p>		
Milestones	Timeframes	Assignments
1. Develop procedure for tracking all C-CFSR Well-Being Outcome Indicators for every youth enrolled in the ILP program.	December 2004	Work Training Program
2. Identify the areas of ILP procedures that need to be reviewed and revised.	December 2004	ILP Workgroup
3. Review and revise ILP procedures. Describe the role that each partner will play in the procedure.	Complete by March 2005	Work Training Program
<p>STRATEGY 3.1.3: Provide <u>orientation and training</u> for staff of all public and private ILP partners with regard to changes in the ILP.</p> <p>RATIONALE: Successful implementation of the ILP requires that the management and staff of all public and private agencies who are partners in the ILP are aware of the most recent changes in the goals, policies and procedures of the ILP.</p>		
Milestones	Timeframes	Assignments
1. Identify target groups that need to be oriented to ILP mandates and current ILP policies and procedures and develop orientation/training presentation.	July – August 2004	Work Training Program

2. Orient and train all staff and other target groups in ILP policies and procedures	Complete by December 2004	Work Training Program
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IMPROVEMENT GOAL 3.2: Increase the percent of eligible youths who are enrolled in the Independent Living Program (ILP) to 100%. All youths between ages 16 and 18 who are in a child welfare- or probation-supervised foster care placement are eligible to receive ILP services. Although state regulations require that every youth have a written plan for transitional services prior to their emancipation from the foster care system, participation in the ILP *per se* is voluntary. In this regard, when a youth opts out of ILP, his/her social worker/probation officer remains responsible for assisting the youth in developing and implementing the TILP. While it does not make participation in ILP mandatory, Improvement Goal 3.2 seeks to enroll all eligible youths in ILP services at some point before they leave foster care.

STRATEGY 3.2.1: Review and revise existing procedure for enrolling youths in ILP and maintaining their participation in the program.

RATIONALE: The benefits that an eligible youth may receive from the local ILP are contingent in part, upon the youth's enrollment and continued participation in the program. Strategy 3.2.1 seeks to improve the effectiveness of program procedures designed to enroll youths in the ILP and maintain their enrollment and engagement in the program.

Milestones	Timeframes	Assignments
1. Review and revise existing procedure for soliciting eligible youths to enroll in the ILP.	July – August 2004	Work Training Program, DCFS, Probation
2. Review and revise existing procedures for tracking (a) the eligibility of individual youths to receive ILP services and (b) the enrollment of youths in the program. The tracking procedure will document ongoing efforts to solicit each eligible youth for enrollment and successful enrollment when that occurs.	Complete by December 2004	Work Training Program, DCFS, Probation
3. Review and revise case management procedures employed in the ILP. The revised procedures will focus on maintaining the engagement of youths in the program and will include a process for tracking the	Complete by December 2004	Work Training Program, DCFS, Probation

continuing participation and engagement of each youth.		
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IMPROVEMENT GOAL 3.3: Increase the percent of ILP-enrolled youths for whom at least one Emancipation Conference is convened to 100%. The Emancipation Conference is a process that provides ILP participants the opportunity to develop their own emancipation plan with the help of a self-selected support system. In the process, the youth sets his/her own goals for housing, education, employment, medical and dental services, transportation and other needs (e.g., substance abuse and/or mental health services, parenting support, immigration services). Results of the conference become a part of the youth's service plan (i.e., TILP). Although it is expected that every youth will participate in at least one conference, all youths will be encouraged to engage in a subsequent conference(s) to update their goals and progress in achieving them.

STRATEGY 3.3.1: Review and revise existing policy and procedures for convening Emancipation Conferences for youths enrolled in the ILP.

RATIONALE: Established policies and procedures for emancipation process that are clear and complete will improve the likelihood that conferences will achieve their intended goals.

Milestones	Timeframes	Assignments
1. Review and revise existing policy and procedures for convening and conducting the Emancipation Conference. Procedures will address the timing of conferences (particularly the interval between program enrollment and first conference), assessment of youth needs for successful transition, identification of resources available to meet the youth's needs including individuals for support, role of case manager and staff of partner agencies, and documentation of conference results in a transitional independent living plan.	Complete by March 2005	Work Training Program, DCFS, Probation
2. Review and revise existing procedure for documenting the occurrence of every Emancipation Conference including a youth identifier, date of the conference, and attendance.	Complete by March 2005	Work Training Program, DCFS, Probation

TARGET 4: Bring Health and Education Passport (HEP) Notebook up-to-date for every child in out-of-home care (Child Well-Being).

COUNTY'S CURRENT PERFORMANCE: The Health and Education Passport (HEP) system is the state-mandated case management process that tracks the level of care required, educational accomplishments and health history for each child in out-of-home foster care (California WIC Sec. 16010). A key element in the system requires information in the Passport to be updated each time a social worker conducts a routine child visit. The updated information (e.g., results of physician visit, school grades) is obtained from the child's caregiver and subsequently entered in the child's records in the CWS/CMS case management database. A printout of selected Passport information is then mailed back to the caregiver who inserts the information in the child's HEP Notebook. This process continues throughout the time that the child is in care (in the event of a change in the child's placement, the Notebook moves with the child to the new placement). Currently, the local child welfare system does not provide information regarding the extent to which Notebooks are prepared for children entering out-of-home care and the extent to which the HEP is updated whenever it is necessary to do so.

IMPROVEMENT GOAL 4.1: Ensure that a HEP notebook is available for every child when he/she enters out-of-home care and that the notebook is used by the child's caregiver. The child's social worker presents the HEP Notebook to the new caregiver when the child is placed. At that time, the worker reviews the purpose of the HEP system, the contents of the Notebook, requirements for the child's health and dental care and requirements for documenting relevant information in the HEP system. Written procedures for updating the relevant information are contained in the Notebook.

STRATEGY 4.1.1: Develop protocol for (a) educating the caregiver of each child in care regarding the purpose of the HEP system and requirements for updating the HEP Notebook and (b) ensuring that each child's caregiver receives a Notebook when the child is placed.

RATIONALE: Routinely informing caregivers regarding the purposes and requirements of the HEP system focuses attention on the importance of the system for each child's care and provides an opportunity to update caregivers on any changes in the system.

Milestones	Timeframes	Assignments
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1. Involve stakeholders including County Public Health, the local medical community, foster caregivers and Casa Pacifica shelter staff in developing process for orientating caregivers to current HEP system.	Completed 2002 to 2004	Placement Coordinator
2. Provide caregiver education.	In Process August & September 2004	Placement Coordinator, Doctor, Foster Parent & Policy Administrator
3. Use input from DCFS social workers, County Public Health, the local medical community, foster caregivers and Casa Pacifica shelter staff to develop aspects of the local HEP system, particularly the processes for initiating health and medical services for children entering shelter care and establishing medical home for children.	Complete by January 2005	HEP workgroup

IMPROVEMENT GOAL 4.2: Ensure that all of the information in the HEP Notebook of every child in care is up to date. On each required visit with the child, the child's social worker obtains an update of information in the HEP Notebook. The HEP Information Form is used for this purpose. The process is meant to ensure the accuracy of all data including the date and type of all health exams, the name and address of health provider(s), current medications, and hospitalizations. The Information Form also includes the name and address of the child's education provider and educational information such as report cards/transcripts, standardized test scores, Individualized Education Program (IEP), grade level performance, awards and achievements, and suspensions.

STRATEGY 4.2.1: Develop a sample-based method for auditing the contents of the notebooks of children in care to determine the completeness of the information they contain.

RATIONALE: A sample-based process offers a practical solution to the need for ongoing monitoring of compliance with system purposes and requirements.

Milestones	Timeframes	Assignments
1. Conduct a random online survey of HEP information in CWS/CMS to determine the extent to which the case management database contains	January 2005	CWS/CMS Manager, Placement

the information from the required HEP Information Form (i.e., the tool used by the child's caregiver to update health and education information) for the selected cases.		Coordinator
2. Survey a random sample of caregivers who have children in care to determine if the caregiver has a HEP Notebook for the child and the extent to which the Notebook contains health and education information.	January 2005	Placement Coordinator

Appendix A

**Summary Assessment (Section V) of the Ventura County Self-Assessment
submitted to the California Department of Social Services June 30, 2004
in conjunction with the County's California Child and Family Services Review**

V. Summary Assessment

California Assembly Bill 636 (Steinberg, October 2001) established the Child Welfare Outcomes and Accountability System to (a) assess how changes in the child welfare system at the county-level affect children and their families in terms of specific outcomes and (b) establish accountability for outcome performance in each of California's 58 counties (California Department of Social Services, April 2003; September 2003). The mechanism for achieving these two broad objectives is the California Child and Family Services Reviews (C-CFSR). The C-CFSR prescribes **three integrated processes** that are intended to guide system improvement in each county over the course of a three-year review cycle. The first of these processes is an initial six-month **self-assessment** conducted to (a) identify strengths and areas needing improvement in the local child welfare system and (b) establish baselines against which performance that follows system change can be compared. The second process consists of one or more "issue-specific" **peer quality case reviews** (PQCR) conducted by outside experts including peers in other counties. The purpose of the PQCR is to supplement the quantitative data obtained in the self-assessment with qualitative information regarding strengths and areas needing improvement. The third component, the **system improvement plan**, establishes (c) specific areas of performance and/or system functioning that are targeted for improvement during the review cycle, (d) measurable goals for improvement for each target, and (e) strategies for accomplishing change.

This report presents the results of the inaugural self-assessment of child welfare services in Ventura County that was conducted during the first six months of 2004 (Note: the initial three-year cycle under C-CFSR covers the period January 1, 2004 through December 31, 2006.). The report consists of five sections. Section I presents and analyzes results for demographic and outcome indicators prescribed for the C-CFSR. Outcome results are presented through June 2003 in five domains: (a) overall child safety; (b) safety for children not removed from their homes; (c) permanence and stability in a child's living arrangement; (d) maintenance of a child's relationships with his/her family and community; and (e) child well-being. (Note: While the C-CFSR encompasses eight outcome domains, the self-assessment for the initial cycle presents data in only five of these since development of all measures was not complete for this cycle [California Department of Social Services, February 2004]. Future self-assessments will include the remaining outcomes as the related data become available.) Section II provides a description of the characteristics of the local child welfare agency and child welfare services infrastructure. Section III describes how the local system operates, with a focus on the different systemic processes that can affect achievement of the C-CFSR child and family outcomes. Section IV describes county-wide abuse prevention activities and strategies. Finally, Section V summarizes the results and analyses for each of the five outcome domains and discusses the strengths and areas needing improvement for the county's child welfare system.

A. Discussion of System Strengths and Areas Needing Improvement

The county's performance in each of the five domains is measured by one or more outcome indicators. Indicators are either federally defined (these are reported in California's federal Program Improvement Plan [PIP]) or state-defined (related to specific PIP indicators but not reported there). Assessment of strengths and areas needing improvement for each of the five outcomes is based on: (a) a review of the county's performance level over time for all of the indicators related to the outcome; (b) an analysis of the programs, policies and procedures that have affected performance on each indicator; and (c) input from DCFS staff and public agency and community partners.

Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Overall child safety is measured by performance on four indicators:

- Recurrence of substantiated maltreatment within 12 months of an initial substantiated referral for (a) all children who had an initial substantiated referral (State Measure 1B-1) and (b) children whose initial referral was their first (State Measure 1B-2).
- Recurrence of substantiated maltreatment within six months of a substantiated referral (Federal Measure 1A).
- Substantiated maltreatment of children placed in foster family homes and homes certified by a foster family agency (Federal Measure 1C).

In general, performance on measures 1B-1 and 1C fall within an acceptable range (i.e., the performance level for each surpasses the performance for the state as a whole and the individual trends are not increasing) and are not problematic at the present time. Results for measure 1C in particular indicate an area of strength. In contrast, results for measures 1B-2 and 1A reveal slightly increasing trends that suggest a need for improvement.

It is important to note here that an effort is currently focused on clarifying the methodology used statewide to identify instances of subsequent maltreatment. An initial review indicates that recomputed levels for recurrent maltreatment for Ventura County will be different from those contained in this report.

☒ **Strengths**

Assuring the safety of children is an outcome that DCFS shares with other departments in HSA and is a basic theme in the agency's Strategic Plan. Factors that have contributed to achieving overall child safety include services and supports for foster parents, maintaining up-to-date information on the service needs of children in out-of-home care and foster parents' capacity to meet those needs. This outcome has also been positively impacted by the treatment and support services that birth parents and children receive from community partners in the child welfare system.

☒ **Areas Needing Improvement**

Systematically performed risk assessments are critically important to keeping children safe in their homes and in out-of-home care. In this regard, concerns exist regarding the need for routine, standardized safety and risk assessments during child visits and systematic documentation of these assessments in case plans. Clarifying the department's risk assessment policy and providing additional training and supervision in use of existing assessment procedures can be expected to improve performance on all indicators related to this outcome.

In addition, developing processes to ensure that the rates of child visits are the highest that can be achieved for all programs may help to improve performance on this outcome.

Recurrence of maltreatment will be targeted in the county's System Improvement Plan.

Outcome 2: Children are maintained safely in their homes whenever possible and appropriate.

Safety for children who are not removed from their homes following abuse is a subset of overall child safety that is measured by performance on a single indicator: recurrence of maltreatment (evidenced by a substantiated or inconclusive referral) within 12 months of an initial substantiated referral for children who were not removed from their home (State Measure 2A). Performance on this indicator for the 12-month period July 2001 through June 2002 was 9.0% compared to 9.5% for the state overall.

☒ **Strengths**

Face-to-face contacts that social workers have with children living with their own families and the services that these families receive, especially those provided by community partners, are among the factors that help to maintain children safely in their own homes.

☒ **Areas Needing Improvement**

As with overall child safety, improvements in standardized assessment and systematic documentation of safety and risk and the consistency with which they are visited by their social worker are also seen as needs for children who are not removed from their homes. In addition, the services and supports that their parents receive assume critical importance since it is they, rather than resource families, who are the caregivers for their children. In this regard, there is a need to expand and enhance range of parent support services to include the types of services that are received by "evaluated-out" families and that will be a part of the county's eventual differential response in CWS Redesign.

Process Indicators for Child Safety

Two process measures related to safety outcomes are reported in the self-assessment including the extent to which:

- Responses to Emergency Response referrals are in compliance with state guidelines for timeliness (State Measure 2B).
- Children are visited by their social worker in accordance with state guidelines (State Measure 2C).

Results show that the response to 95.8% of referrals that required an immediate response during Quarter 2 of 2003 met the timeliness guideline. Data also show that 69.4% of all required visits during the quarter were made although it should be noted that this result reflects in part inconsistent documentation of visit exemptions in CWS/CMS.

☒ **Strengths**

DCFS is strongly committed to the performance of face-to-face contacts between social workers and the children and families in their caseloads to achieve and maintain child safety. To this end, the department's goal is to ensure that child visits are conducted at levels necessary to maintain each child safely in his/her present living arrangement.

☒ **Areas Needing Improvement**

While ER response rates and levels of child visitation are high, the department's goal is to achieve 100% compliance with state requirements for responding to emergency response referrals and for ongoing child visits. Together with the introduction of the structured safety and risk assessment, ongoing review of child visits and related results with each social worker is considered an important area needing improvement.

Outcome 3: Children have permanency and stability in their living situations without increasing reentry to foster care.

Permanence and stability are measured by several indicators:

- Reunification with parents within 12 months of foster care entry (State Measure 3A-1 and Federal Measure 3E).
- Finalized adoptions within 24 months of entering the child welfare system (State Measure 3A-2 and Federal Measure 3D).
- Reentry to out-of-home care within 12 months of a previous case closure (State Measure 3G and Federal Measure 3F).

- Placement changes within 12 months of entering the CWS (State Measure 3C and Federal Measure 3B),

Results reveal positive trends for state measures for reunification and adoption as increasing percentages of children have been reunified and adopted within the indicated timeframes. Similarly, results for re-entry reveal that the percent of previously reunified children has decreased over the three most recent 12-month periods. Results for placement stability in contrast show that the percentage of children who have experienced a minimum of placement changes has decreased.

☒ **Strengths**

With respect to reunification, areas of strength include the department's policy regarding continuing visitation by birth parents following a child's removal, actions by the Dependency Court Judge to reduce continuances and delays in the court process, the effectiveness of the Drug Court program, and efforts to inform parents of the possible consequences of failure to comply with case planning.

Results for adoptions suggest that collaboration between ongoing and adoptions staff, reductions in delays in the court process, and financial assistance provided under the Adoption Assistance Program and, to some extent, adoption incentive payments for increased numbers of finalized adoptions have helped to achieve current performance levels.

Low levels of re-entry attest to the effectiveness of services received by children who entered care for the first time and who were subsequently reunified with their parents within 12 months. It is noteworthy that while reunifications within 12 months have increased consistently since January 1999, re-entries to care have decreased since July 1999.

☒ **Areas Needing Improvement**

Several factors have contributed to the decreasing levels of placement stability. These include an increased number of foster homes available as placement options coupled with the absence of a clearly established protocol for overseeing the placement change process. Such a protocol may include for example, a systematic review by supervisors of the reasons that each proposed change in placement is needed and previous efforts to address the issues that have led to the need for change. In addition to these factors, a state-mandated change in the relative approval process resulted in a transient increase in placement changes (i.e., children who would have been placed with a relative were placed temporarily in shelter care because the relative placement was not immediately available).

Placement stability will be targeted in the county's System Improvement Plan.

Outcome 4: The family relationships and community connections of the children served by the child welfare system will be preserved, as appropriate.

Indicators for maintaining family relations and community connections are:

- Placement of siblings together when they enter out-of-home care (State Measure 4A).
- Placement of children who enter out-of-home care in “less restrictive” residential settings (e.g., foster homes rather than group homes) (State Measure 4B).
- Meeting Indian Child Welfare Act (ICWA) guidelines when placing ICWA-eligible children in out-of-home care (State Measure 4E).

The trend for placing siblings together decreased slightly during the first half of CY 2003. It should be noted that this result reflects the impact of state-mandated change that has caused delays in the relative approval process and that the department has taken steps to address this circumstance. Results for the use of less restrictive out-of-home placements reveal that increasing numbers of children have been placed in less restrictive settings including relative and foster family homes. Finally, the largest number of ICWA-eligible children were placed in the home of a relative during Quarter 2 of 2003 though the small number of children involved suggest caution in considering this result.

☒ **Strengths**

Factors that have contributed to achieving lower levels of restrictiveness for out-of-home care are the increased availability of relative and foster family homes, the availability of services and supports for resource families in the community and effective gate-keeping to group homes provided by the Shomair screening committee.

Although results for ICWA placements are based on a very limited number of cases (there are no identified tribes in Ventura County), performance levels for these outcomes reflect the diligence of social workers in identifying eligible children and recruiting relatives willing to accept placement of these children.

Results suggest aspects of strength in the area of placing siblings together including an increased availability of foster homes, licensing exceptions allowing the placement of sibling groups and recruitment of relatives willing to accept sibling groups.

☒ **Areas Needing Improvement**

An important general strategy that will be a part of the effort to build and strengthen children’s connections with their families and communities is to increase the involvement of families in decisions that affect their children and themselves. This effort will focus on engaging family members as well as individuals in the community

who are important to the family in the process of planning and implementing services. Building community resources to support this process will also be an integral part of this effort. The goal of maintaining children in family settings in their own communities whenever possible will be a priority in all case planning efforts.

Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.

Indicators for this outcome (State Measure 8A) reflect the extent to which youths served by the local Independent Living Program:

- Complete their high school diploma or GED program.
- Are enrolled in a two- or four-year college.
- Complete their vocational or on-the-job training program.
- Obtain full- or part-time employment.

A review of results for this outcome suggests the local ILP was effective in enrolling eligible youths and helping them to pursue educational goals at the secondary and college levels during the report period (October 2001 through September 2002). In addition, over 38% of enrolled youths were employed. Finally, the relatively low levels of participation and completion for vocational and on-the-job training programs more likely reflect a reduced level of emphasis rather than a lack of effectiveness of services and processes related to job training.

☒ **Strengths**

Youths who emancipate from foster care are deemed to be an especially important target group and DCFS and its partners are committed to strengthening services for youths as they prepare to leave the system. The Youth in Transition Advocacy Council (YTAC) is the existing interagency body which assists in developing transitional services. Available transition-related services that are a foundation upon which an improved system of services will be built include housing, transportation and employment. An important resource in the latter regard is a Workforce Investment Act grant for employment of foster youth.

☒ **Areas Needing Improvement**

Since the end of the current report period for ILP services (September 30, 2002), several personnel changes have caused a disruption in service delivery. The impact of these changes is reflected in the most recent CDSS ILP Annual Statistical Report that covers the period FFY 02-03. Improvements will focus on increasing the participation rate for the ILP program, increasing available services and youths' connection with those services, increasing services to youths beyond their 18th birthday, and strengthening connections with significant persons for emancipating youths.

Youth transition to self-sufficient adulthood will be targeted in the county's System Improvement Plan.

B. Areas for Further Exploration Through the Peer Quality Case Review

Ventura County has formed a peer collaborative with San Luis Obispo and Santa Barbara Counties and is developing a plan to undergo a PQCR before the end of Calendar Year 2004. (Note: Ventura County is included in the state CWS Redesign Cohort 3. Cohort 3 counties are not required to participate in PQCR during CY 2004.)